

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

06/28/2005 DCAM/REL 0010144500
Name: 10513096
FC: 9204
\$200.00 CR

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>June 29, 2005</u>		2 Serial/Patent # <u>10 523,096</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$ <u>200.00</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>200.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9 <u>03--2410</u>		
<input type="checkbox"/>	No Fee Due (Explanation):			
<u>Fee Code Corrections</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>BAC</u>		PHONE: _____		
OFFICE: <u>PCT/DOLEO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**